FORM D

SEC 1972 (6/02):

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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-UNITED STATES	OMB APP	ROVAL
SECURITIES AND EXCHANGE COMMISSION	OMB Number:	3235-007
Washington, D.C. 20549	Expires: Fetimated avera	May 31, 200: ge burden
Phoesis Phoesis	Daurs per respor	ıse
NOTICE OF SALE OF SECURITIES / A AND	2 SEC USE	ONLY
PURSUANT TO REGULATION D, NUV 2.3 5 7	Prefix	Serial
SECTION 4(6), AND/OR THOMSO	N	
UNIFORM LIMITED OFFERING EXEMPTION IN ANDIO	L DATE REC	CEIVED
.,		

Name of Offering (check if this is an amendment and name has changed, and indicate change.)					
Common Stock Private Placement			$\leq 1^{-}$	30442	
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Ru	ıle <u>506</u>	Section 4(6)	ULOE	
Type of Filing: New Filing Am	endment				
	A. BASIC IDENTIFICATION	DATA	1881 1881 81811 1811	1 11111 11111 1111 1111 1111 1111 1111 1111	
1. Enter the information requested about the	issuer				
Name of Issuer (check if this is an ame	ndment and name has changed, and	d indicate	change.	r awa awaa wa wa 1111 1111 1111 1111 111	
IntraDyn, Inc.			020	66120	
Address of Executive Offices	(Number and Street, City, State, Z	ip Code)	Telephone Number (1	Including Area Code)	
5666 Lincoln Drive, Suite 205, Edina, Minner	sota 55436		(952) 936-7733		
Address of Principal Business Operations	(Number and Street, City, State, Z	ip Code)	Telephone Number (1	Including Area Code)	
(if different from Executive Offices)			()		
Brief Description of Business				RECE	
Develop and manufacture information techno	logy systems.			RECD S.E.C.	
Type of Business Organization			//	A/r s	
⊠ corporation □	limited partnership, already forme	d 🔲	other (please specify):	NUV 2 5 2002	
business trust	limited partnership, to be formed				
	Month	Year		100-	
Actual or Estimated Date of Incorporation or	Organization: [0] [8]	[0] [1]	🛛 Act	ual Estimated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:					
CN for Canada; FN for other foreign jurisdiction) [D] [E]					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

4

A. BASIC IDENTIFICATION DAT	A						
2. Enter the information requested for the following:							
• Each promoter of the issuer, if the issuer has been organized within the past five years;							
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:							
Each executive officer and director of corporate issuers and of corporate general a	nd managing partners of partnership issuers; and						
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)							
Doan, Gary M.							
Business or Residence Address (Number and Street, City, State, Zip Code)							
5666 Lincoln Drive, Suite 205, Edina, MN 55436							
Check Box(es) that Apply:	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)							
Leach, Joseph D.	•						
Business or Residence Address (Number and Street, City, State, Zip Code)							
5666 Lincoln Drive, Suite 205, Edina, MN 55436							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)							
Olia, Adnan A.							
Business or Residence Address (Number and Street, City, State, Zip Code)							
5666 Lincoln Drive, Suite 205, Edina, MN 55436							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)							
Qureshi, Azam A.	•						
Business or Residence Address (Number and Street, City, State, Zip Code)							
5666 Lincoln Drive, Suite 205, Edina, MN 55436							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

												
<u>-</u>				<u>B. IN</u>	FORMAT	ION ABO	OUT OFF	ERING				
1. Has the	issuer sole	d, or does	the issuer	intend to s	sell, to non	-accredite	d investor	s in this of	fering?		Yes	No
	Answer also in Appendix, Column 2, if filing under ULOE.											
2. What is	the minim	num inves	tment that	will be ac	cepted from	m any ind	ividual?		•••••	·····	\$ <u>\$</u> 3	35 , 000*
			right to a								Yes	No
3. Does the	e offering	permit joi	nt ownersl	nip of a sin	ngle unit?		•••••••••				🛛	
4. Enter th												
							in connec					
							of a broker					
							If more th					
					u may set	forth the	information	n for that b	oroker or c	lealer only	<u>'. </u>	
Full Name	(Last nam	e first, if i	ndividual)									
NONE			~		~. ~							
Business or	Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name of A	esociated l	Broker or	Dealer				. t. ·					
Name of A	ssociated	DIOKCI OI	Dealer									
States in W	hich Perso	on Listed	Has Solicit	ed or Inte	nds to Soli	icit Purcha	asers				7 101.	
(Check "A	All States"	or check:	individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	įwvi	[WI]	[WY]	[PR]
Full Name							<u> </u>				<u></u>	5
	(
Business or	r Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name of A	sacaintad 1	Droker or	Dealer									·
Name of A	SSOCIAICU	DIOKEI OI	Dealei									
States in W	hich Perso	on Listed 1	Has Solicit	ed or Inte	nds to Soli	icit Purcha	asers					
(Check "A	All States"	or check	individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	ndividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RT]	[SC]	[CD]	[TN]	[TX]	[TIT]	(VT)	(VA)	(WA)	(WV)	rwn	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E (OF PROCEED	S	*
1.	Enter the aggregate offering price of securities included in this offering and the total	l			
	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an	ì			
	exchange offering, check this box and indicate in the columns below the amounts of	f			
	the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate	Amount Already	
	-,	Offering Price			Sold
	Debt			\$	
	Equity	\$	1,050,000	\$	50,001
	☐ Common ☐ Preferred		_		
	-	\$		\$	
	Partnership Interests	ς			
	•	<u>\$</u>			
				\$ \$	
		Φ	1,050,000	⊅	50,001
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased	ı			
۷.	securities in this offering and the aggregate dollar amounts of their purchases. For				
	offerings under Rule 504, indicate the number of persons who have purchased securities				
	and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer				
	is "none" or "zero."				
				Α	ggregate
	•		Number		lar Amount
			Investors	of	Purchases
	Accredited Investors		1	\$	50,001
	37				
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			Ψ	
	Answer also in Appendix, Column 4, it ming ander CECE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for	•			
	all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve				
	(12) months prior to the first sale of securities in this offering. Classify securities by type				
	listed in Part C – Question 1.				
			Type of	Dol	lar Amount
	Type of offering		Security		Sold
	Rule 505		N/A	\$	
	Regulation A		N/A	\$	
	Regulation 504		N/A	\$	
	Total			\$	
	To the second of the money is a second to the first and th				
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses				
	of the issuer. The information may be given as subject to future contingencies. If the				
	amount of an expenditure is not known, furnish an estimate and check the box to the left of				
	the estimate.				
			_		
	Transfer Agent's Fees		<u> </u>	\$	
	Printing and Engraving Costs		\boxtimes	\$	500
	Legal Fees		\boxtimes	\$	4,000
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fee separately)		ī	\$	
	Other Expenses (identify) Blue sky filing fees, miscellaneous		\boxtimes	\$	500
	Total		\boxtimes	\$	5,000
				• ••••	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND USE	OF PROCE	EDS
5. I	Enter the difference between the aggregate offering price given in response C – Question 1 and total expenses furnished in response to part C – Question 4.a difference is the "adjusted gross proceeds to the issuer."	oosed to known,		\$ <u>1,045,000</u>
]	isted must equal the adjusted gross proceeds to the issuer set forth in response to I			
(Question 4.b above.			
			Payments to Officers, Directors, &	Payments To
			Affiliates	Others
	Salaries and fees	☐ \$		<u></u> \$
	Purchase of real estate	☐ <u>\$</u> _		<u></u> □\$
	Purchase, rental or leasing and installation of machinery and equipment			<u></u>
	Construction or leasing of plant building and facilities	□\$_		S
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities			
	of another issuer pursuant to a merger)	□\$		\Box s
	Repayment of indebtedness			□ \$
	Working capital			\$ 1,045,000
	Other (specify): ()	□ \$ □ \$		□\$
	Constant (of the state of the s			
		□\$		□\$
	Column Totals	□ \$		
	Total Payments Listed (column totals added)		\$	1,045,000
	D. FEDERAL SIGNATURE			
the foll	uer has duly caused this notice to be signed by the undersigned duly authorized prowing signature constitutes an undertaking by the issuer to furnish to the U.S. Strequest of its staff, the information furnished by the issuer to any non-accredit 12.	Securities	and Exchang	ge Commission, upon
Issuer (Print or Type) Signature	1	Dat	e / /
Intral	yn, Inc.	9		1///02
Name o	of Signer (Print or Type) Title of Signer (Print or Type)			- / / <u>/ / / / / / / / / / / / / / / / /</u>
Joseph	D. Leach President		·-·	
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				¢ > .
				,
	ATTENTION			
	Intentional misstatements or omissions of fact constitute federal criminal	violation	s. (See 18 U.	S.C. 1001).